

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra M. ...
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 767075 (5)

1. Corporation Name

MIAMI AMATEUR BASEBALL ASSOCIATION INC.



Principal Place of Business

2274 SW 15TH STREET.
MIAMI FL 33135

Mailing Address

P.O. BOX 350746
MIAMI FL 33135

3. Date Incorporated or Qualified
02/18/1983

3a. Date of Last Report
03/30/1995

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRIETO, JOSE A.
2274 SW 15 ST
MIAMI FL 33145

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~SD~~ JOSE VALDER LOMBARD ISABEL ALEGRET
NAME
STREET ADDRESS 2129 W. FLAGLER ST
CITY-ST-ZIP MIAMI FL

TITLE DP JOSE A PRIETO
NAME
STREET ADDRESS 2274 SW 15 ST
CITY-ST-ZIP MIAMI FL

TITLE ~~SD~~ PRIETO, ARMANDO
NAME
STREET ADDRESS 2241 S.W 16 ST
CITY-ST-ZIP MIAMI FL

TITLE VPT LAMELAS DE PRIETO, NORA
NAME
STREET ADDRESS 2274 SW 15TH ST.
CITY-ST-ZIP MIAMI FL

TITLE VPD MONTIEL, JOSE
NAME
STREET ADDRESS 400 SW 107 AVE
CITY-ST-ZIP MIAMI FL

TITLE D HUARTE, JUAN B.
NAME
STREET ADDRESS 440 NW 59 CT
CITY-ST-ZIP MIAMI FL

13.

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE S. SECRETARY
1.2 NAME ISABEL ALEGRET
1.3 STREET ADDRESS 2800 S.W 108 AVE
1.4 CITY-ST-ZIP MIAMI FLORIDA 331

2.1 TITLE President D
2.2 NAME Jose A. Prieto
2.3 STREET ADDRESS 2274 SW 15 ST
2.4 CITY-ST-ZIP MIAMI FL

3.1 TITLE V.P.D
3.2 NAME ARMANDO PRIETO
3.3 STREET ADDRESS 2241 SW 16 Street
3.4 CITY-ST-ZIP MIAMI FL 33145

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE 200001745632
6.2 NAME -03/15/96--01130--009
6.3 STREET ADDRESS ***61.25
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, charged, or on an attachment with an address.

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

2/7/96

308-8527621